

**Carrollton Township**  
**Food Vendor Application**  
**\$25.00-\$150.00 fee**  
**Must be approved prior to business operation**

APPLICANT NAME _____			
MAILING ADDRESS _____	CITY _____	STATE _____	ZIP _____
BUSINESS NAME _____			
BUSINESS ADDRESS _____	CITY _____	STATE _____	ZIP _____
BUSINESS PHONE _____	HOME _____	CELL _____	
VENDING LOCATIONS _____			
SUPPLIER OF PRE-PACKAGED FOOD ITEMS _____			
DESCRIPTION OF NON PRE-PACKAGED FOOD ITEMS _____			
_____			

If selling non pre-packaged food items, attach a copy of the certificate issued by the Saginaw County Department of Agriculture, 989-758-3800.

Saginaw County Department of Agriculture approval is not required for pre-packaged food items.

**Indicate the type of license desired:**

- FOOD VENDOR- INDIVIDUAL- 30 consecutive days \$25
- FOOD VENDOR- MOBILE RESTAURANT- yearly \$150
- FOOD VENDOR- TEMPORARY FOOD SERVICE ESTABLISHMENT- 30 consecutive days \$25

To renew your license, the application process must be repeated. Food Vendor licenses expire March 31<sup>st</sup> of each year.

\* If applicant is under 16 years of age, the following statement must be completed by a parent or guardian:  
*I consent to the issuance of the food vendor license described above herein to the above named applicant.*

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

I hereby swear that I am fully aware of the duties and obligations of persons engaged in the above named business and agree to comply with all Federal Laws, State laws, Township Ordinances, and such rules and regulations as may now or hereafter be in effect, relating to the operation of said business. I do solemnly swear that the foregoing statements are true.

Applicant Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

State of Michigan, County of Saginaw

The foregoing instrument was acknowledged before me on \_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_.